

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155187</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>07/01/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3175 LANCER ST</b> <b>PORTAGE, IN 46368</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for post survey revisit (PSR) to complaints IN00125084, IN00125768 and IN00129216 investigated on May 28, 2013.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00130367.</p> <p>Complaint IN00125084 - Corrected.</p> <p>Complaint IN00125768 - Corrected.</p> <p>Complaint IN00129216 - Corrected.</p> <p>Survey date: July 1, 2013</p> <p>Facility number: 00098 Provider number: 155187 AIM number: 100290980</p> <p>Survey team: Janelyn Kulik, RN, TC Yolanda Love, RN</p> <p>Census bed type: SNF/NF: 149 Total: 149</p> <p>Census payor type: Medicare: 20 Medicaid: 116 Other: 13 Total: 149</p> <p>Sample: 10</p> <p>Golden Living Center-Fountainview Place, Portage was found to be in compliance with 42</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1  CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaints IN00125084, IN00125768 and IN00129216.  Quality review completed on July 3, 2013, by Janelyn Kulik, RN.	{F 000}			